



State of Montana
DEPARTMENT OF CORRECTIONS
GLOBAL FUND REQUEST FOR RELEASE TRANSPORTATION

Date ____/____/____

Estimated Cost \$ _____

Name: _____

AO# _____

Release Date ____/____/20____

Housing Unit _____ Cell _____

1) Has the inmate maintained inmate status at a secure facility for 12 consecutive months?

☐ YES

☐ NO

2) Has the inmate transferred more than \$500 out of their inmate account in the last 12 months?

☐ YES

☐ NO

3) Has the inmate maintained a minimum of 6 months clear conduct?

☐ YES

☐ NO

If no, does the inmate request a review by the administrator, or designee? ☐ YES ☐ NO

Inmate Signature _____

Type of Release:

☐ - 10 Day Furlough

☐ - Intensive Supervision (ISP)

☐ - Supervised Release (Probation)

☐ - Parole

☐ - Discharge

☐ - Other _____

Destination Confirmed by Case Manager/IPPO on: _____ Staff Name: _____

Funding Allowable per Policy: _____

Transportation Expenses: _____ Transportation Company: _____

Approved: _____ Denied: _____

Reason if Denied:

Associate Warden/Administrator: _____ Date: _____